

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38614

FILED
Apr 24, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF ADDICTION MEDICINE, INC.

Current Principal Place of Business:

301 W. PLATT ST.
#335
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

301 W. PLATT ST.
#335
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-2992737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEN, JOHN R MR.
301 W. PLATT ST.
#335
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLLSCHLAEGER, BERND MD
Address: 16899 NE 15TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: MEHTA, VINCENT
Address: 114 6TH AVE., #2
City-St-Zip: INDIALANTIC, FL 329033204 US

Title: D () Delete
Name: TEITELBAUM, SCOTT MD
Address: 12504 NW 116TH PL
City-St-Zip: ALACHUA, FL 32615 US

Title: D () Delete
Name: REDWING, JAMIE MD
Address: 8620 NE 2ND AVE
City-St-Zip: EL PORTAL, FL 33138 US

Title: TD (X) Delete
Name: BAUER, MICHELLE MD
Address: 4531 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D (X) Delete
Name: SEIKEL, STACY MD
Address: CDFL 203 S. ECOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SEIKEL, STACY MD
Address: CDFL 203 S. ECOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Change () Addition
Name: BAUER, MICHELLE MD
Address: 4531 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: P (X) Change () Addition
Name: TEITELBAUM, SCOTT MD
Address: 12504 NW 116TH PL
City-St-Zip: ALACHUA, FL 32615 US

Title: T (X) Change () Addition
Name: STROLLA, MICHAEL P DO
Address: 825 WEST LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33612 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. STROLLA

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04/24/2009

Electronic Signature of Signing Officer or Director

Date